

L70 000323366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

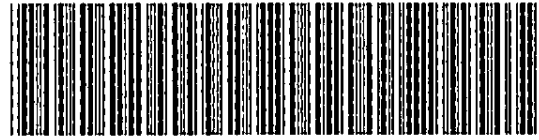
(Document Number)

Certified Copies _____ Certificates of Status _____

3/22/21

Special Instructions to Filing Officer:

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2021 MAR 22 AM 11:29

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2021

TYLER GOODMAN
1819 KEY BISCAYNE WAY
JACKSONVILLE, FL 32218

SUBJECT: GOODMAN LOGISTIC L.L.C
Ref. Number: L20000323366

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 321A00005202

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Goodman logistic LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler Goodman
Name of Person
Goodman Logistic LLC
Firm/Company
1819 key biscayne way
Address
Jacksonville FL 32218
City/State and Zip Code
Tylergoodman87@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Goodman at (904) 4015879
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Goodman Logistic LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 MAR 22 PM 11:23

The Articles of Organization for this Limited Liability Company were filed on oct.13,2020 and assigned
Florida document number 120000323366.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOODMAN LOGISTICS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1975 MATHEWS MANOR DRIVE JACKSONVILLE FL.

(Principal office address MUST BE A STREET ADDRESS)

3211

Enter new mailing address, if applicable:

1975 MATHEWS MANOR DRIVE JACCKSONVILLE FL.

(Mailing address MAY BE A POST OFFICE BOX)

32211

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

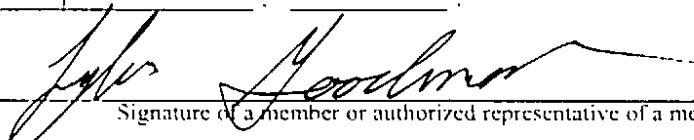
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3-16-21



Signature of a member or authorized representative of a member

TYLER GOODMAN

Typed or printed name of signee